

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm	10	1/10/00
O.I.P.E. CLASSIFIER			1/24/00
FORMALITY REVIEW	B/H	CCZ-45	2/7/00
RESPONSE FORMALITY REVIEW	B/H	CCZ-45	3-1-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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